MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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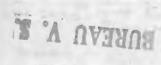
Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) a. COUNTY O. STATE b. COUNTY MARYLAND Dorchester Co. Marvland Dorchester Co. b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Andrews Md. Andrews Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES A NO Andrews Andrews Md NAME OF First Middle 4. DATE Menth Year -DECEASED (Type or print) DEATH 19 56 John W. Adams Nov. 5. SEX 6. COLOR OR RACE 7. MARRIED F NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Days Min. Hours WIDOWED | DIVORCED T Male 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Laborer None Lakesville Md TICA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Wesley Adams Fannie Wroten 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Eva Hughes Andrews Md Mone 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL DETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Myocardial failure mo. IMMEDIATE CAUSE (o) **DUE TO** Arteriocclerotic C-V. Disease Conditions, if ony, which gave rise to immediate cause DUE TO (o), stoting the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. CERTIF 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while O. m. at work | at work 0. m. 21. I certify that I took charge of the remains described above, held an Autapsy Inspection [7] Inquiry death resulted from: Natural causes ... Accident . Suicide Hamicide . Undetermined cause [DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) John Lace DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Puria Dec 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR LeCompte Funeral Service Cambridge Md.

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VS. A15ME(5) 5M 9/55

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1129 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Item 7. Film G209, 177/57. notion, Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND 0-2007 100 מות לו יחוים ייני b. CITY OR TOWN (If outside corporate limits, write RURAL C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give precent town) o d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE not the cond 3. NAME OF First Middle 4. DATE Month Lost DECEASED OF DEATH (Type or print) CYN 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. last birthdoy) Months Days Hours WIDOWED | DIVORCED mala yes. 10g, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? E ~ during most of working life, even if retired) and Loorer Look Japaneste . 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may Tome Unlline anian Keene Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address IYes, no, or unknown). (If yes, give war or dates of service) File ITTEL COMP. PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Into Crasia I makum b IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which ins ptime No gave rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' 80 used YES | 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.) PRIMARY OF CONTRIBUTING Driver of car which overturned and threw him out. should 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, form, 1 20f. [City or town) 20c TIME OF INJURY (County) rriting the writing the Medical E. Roge 3 sh factory, street, office bldg., etc.) While Not while. Cambridge Dor blo of work of work inwa 21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection . Inquiry ef RECTOR: death resulted fram: Natural causes . Accident 17. Suicide . Undetermined couse Hamicide . 9 the DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER DO SIGNATURE FUNERAL ASSISTANT MEDICAL EXAMINER EXAMINER'S John rice Jr. DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22g-BURIAL CREMATION, 22b, DATE THEREOF 22d. LQCATION (City, fown, or county) REMOVAL (Specify) 0 **ADDRESS** 23_FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE 5M 9/55

ON A FARM? YES NO

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Year

19

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VS. A15ME(5)

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BUREAU V. S.

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DECENTED

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Dorchester Co.

Day

Days

IF UNDER TYEAR IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN CINSET AND DEATH

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PERFORMED? NO

(Stote)

and find that

CHITRIZ STAG

(Stote)

Reg. Dist. Na.

VS. A15ME(5) 5M 9/55

Compte Funeral Service

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Cambridge Md.

24g. REC'D BY REGISTRAR

Cambridge 246. REGISTRAR'S SIGNATURE

(County)

Inquiry

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BUREAU V. A.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4

		12	75 CERTIFIC	AIE	OF DEATE	1		Reg. Dis	t. No.		
1. PLACE OF DEATH G. COUNTY	orchester Co		MARYLAND	2. US	JAL RESIDENCE (WHISTATE Maryland	_	b. COUNTY				
b. CITY OR TOWN	(If outside corporate limi	is, write	c. LENGTH OF STAY IN 16	c. 1	CITY OR TOWN (If o	utside corpo	orate limits, write f	URAL and g	ive neare	st town)	
Cambridge			28 Years	Ca	mbridge Mo	1.					15
	TAL (If not in hospital, o	ive street	address)		STREET ADDRESS				0.	IS RESID	DENCE
	210 Willis	St			2	LO Wi	llis St.			YES 🗌	
3. NAME OF DECEASED	Fil	st	Middle		Last	4. DATE	Mar	ith	Day	Y	eor
(Type or print)	George		S.	De	an	DEATH	Nov.		1	15	9 56
5. SEX	6. COLOR OR RACE	7. MARI	RIED THE NEVER MARRIED	B. DATE	OF BIRTH		9. AGE (In years last birthday)				
Male	White	WIDOW			h 10, 185		99 yes.	Months	Doys	Hours	Min.
10o. USUAL OCCUPATE during most of wor	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY 11	. BIRTHPLACE (State	or foreign o	country)	12. CITI	ZEN OF	WHAT (COUNTR
Waterman			Seafood		Bishops: I		Md.	U.	S.A.		
3. FATHER'S NAME				14. N	OTHER'S MAIDEN N	IAME					
	ot Known					Not	Known				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORM	ANT		Add	ress			
No			None	Vi	rgil G Dea	an	Cambrid	ge Md.			
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		ne for (a), (b), and (c).]						ONSET	AND I	DEATH
Conditions, if a gave rise to cause (a), stating lying cause last.	the under-	Ar	terioscleroti	c car	dio vascu	lar r	enal disc	8 S O	10	yea	rs}
2	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU		· · · · · · · · · · · · · · · · · · ·			EN IN PART		PERFOR	UTOPSY MED? NO 🔀
OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER]	206. DE\$	CRIBE HOW INJURY OCCURR	ED. (Enler	nature of injury in F	art I of Pai	rt II of item 18.)				
ZOc. TIME OF INJU Hour a. ft. p. m.	RY Month, Day, Ye	or 20d. II While at wor	Not while	LACE OF octory, sir	INJURY (Home, form, eet, office bldg., etc.	. 20f. (Cit	y or town)	(C	ounty)		(State)
21. I certify t	hat I attended the	deceas	ed from 12-12		19.55, to 1	1-1-5	619	that I le	ast saw	the c	decease
	Eldridge Eldridge		wolff, M.D.	h occur	red at	M, froi ADDRESS (S	m the causes of treet, city or town,	and on th	e date	stated DAT	
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREO)F	22c. NAME OF CEMETERY				ITION (Cily, town,	or county)		(Stote)	
Burial 23. FUNERAL DIRECTOR		956	ADDRESS	emet	CALL PARTY IN COLUMN TO SERVICE AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY ADDRESS OF THE PARTY ADDRESS OF THE	BY REGIS	TRAR 246 REGI	STRAR'S SIG	NATURE		1
Le Compte	Funeral Ser	vice	Cambridge	Md.	DATE //	14/5	2 Joh	n &	na	w	to
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VS. A15ME(5) 5M 9/55

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1. PLACE OF DEATH o. COUNTY	Dorcheste	337	MARYLAND	o. STATE PET		ed lived, If Institu b. COUNT	-	before odmission)
b. CITY OR TOWN I	If autide corporate limits, writen)	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	ocote limits, write	RURAL and giv	e neorest town)
Reids (6 Mo.	neids	Grove	3		×
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS				e, 15 RESIDENCE ON A FARM? YES NO
3. NAME OF -DECEASED (Type or print)	Clifton		Middle	Pridie	4. DATE OF DEATH	Month	h _ 13	ay Year 19 56
5. SEX	6. COLOR OR RACE	7- MARRIE	D NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years fost birthday)	IF UNDER TYE	
Male	Ne ro	WIDOWED	DIVORCED [Cant say		30 ym.	Months Day	Hours Min.
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laborer		S	aw mill	South C	arolin	1a ?	U	S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN				
	unknown			u	nknowr	1		
15. WAS DECEASED ET	/ER IN U. S. ARMED FO	service)		INFORMANT		Address		
unknown		2	51-32-3284	Rosevelt F	ccloud	l ne	ids or	ove, Id.
Conditions, if gave rise to imme (o), stoting the couse tost.	underlying DUE TO		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINALDISEASE	CONDITION GIV	/EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES (1) NO
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21. I certify t	hat I took charge	of the r	emains described ab	ove, held an Autap	sy 🔼, Ir	spection [],	Inquiry [, and find tha
ACTUAL SIGNATURE EXAMINER'S	John Mace	-21], Accident [], Su	Removapili *	EXAMINER CAL EXAMINE	_	cause [].	DATE SIGNED 11/29/56
220. BURIAL, CREMATI REMOVAL (Specify	ON, 226. DATE THEREC	F	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCAT	ion (City, town, lesdale,	2 0	(Stote)
23. FUNERAL DIRECTO J.J.Framp	tom and Son	, Fede	ADDRESS eralsburg, Mar	yland 240. REG	2/7/5	RAR PAR REGIS	n MC	TURE IN.

OF ANDMALA SHAMMER OF BUILDINGS OF DEALTH ON ALTHOUGH, TO HEAD OF DEATH

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) a. COUNTY a. STATE Mgaryland b. COUNTY Dorchester Dorchester MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) ond give neorest lown)
Church Creek, R.D. Fishing Creek 1 hour d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS o, IS RESIDENCE Wallace Creek in Church Creek dist. Rural YES NO PA 3. NAME OF 4. DATE Lost Month Year DECEASED McClelland Nov.18.1956 Elmer Hall (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH P. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Male White Aug. 31.1886 WIDOWED DO DIVORCED M 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Milk delivery driver, self employed Fishing Creek.Md. II.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George W. Hall Susan Tolley 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Clarence Newcomb, Fishing Creek, Md. 220-16-9243 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Suffocation form Testent IMMEDIATE CAUSE (o) -tronsit DUE TO Conditions, if any, which gove rise to immediate couse DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY 00 PERFORMED? YES X NO [20d. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING ALCAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Tem 18.) Driver of car which man into chak. forward to the Chief Medical Exam

O FUNERAL DIRECTOR: Page 3 should 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or fown) (County) (Stote) factory, street, office bldg, etc.) 1/- 1/2 19 76 While Not while of work avev bri . 6 Caroli Jesta Dor. 21. I certify that I took charge of the remains described above, held an Autopsy KI, Inspection KI, Inquiry I, and find that death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause . ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THERE OF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Storishing Creek, Maryland. Hoosier Mem. Churchyard Nov.20,1956 24a, REC'D BY REGISTRAR 24% REGISTRAR'S SIGNATURE Cambridge, Maryland VS. A15ME(5) SM 9/55

BUREAU V. S.

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1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
• :=			11295 CERTIFICATE OF DEATH Reg. DIST, No. 72
be filed with	,		PLACE OF DEATH O. COUNTY ORCHESTER MARYLAND 2 USUAT PESIDENCE (Where deceased lived If Institution, Residence before admission) b. COUNTY b. COUNTY b. COUNTY
oid Die	X	1	b. CITY OF TOWN (If outside corporate fimits, write C. LENGTH OF SYAY IN 1b C CLEOOL TOWN (It outside corporate fimits, write RURAL and give nearest town)
3	7 }	,	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION o IS RESIDENCE ON A FARM? YES \(\) NO \(\)
		3	NAME OF DECEASED (Type or print) Charles Widdle Hastings 1. DATE Month Day Year OF DEATH 1/1 1950
		8.	16. COMONOR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1. 9 AGE (In years of Unider 1 YEAR IF UNDER 24 HRS OF BIRTH 1. 9 AGE (In years of Unider 1) Age
degth.	A	100	displant OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 SPATIAPLACE (State or foreign country) 12 CHARN OF WHAT COUNTRY MARLIAM 12 CHARN OF WHAT COUNTRY 13 SPATIAPLACE (State or foreign country)
· ´	I)	13.	FATHERS WAME 14. MOTHER'S WAIDEN MAME 14. MOTHER'S WAIDEN MAME
Sunod 7/	10	15. 1 ^{Ye}	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 12. INFORMANT DAILSED M. FLOSHING. 18. Address M. Flashing.
within			18. CAUSE OF DEATH [Enter only one cause per line for (a). (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH
ıy even			57/./ DUE TO
			gave rise to immediate case (a), stating the under- lying cause last. (b) DUE TO
	>	CATION	PLANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTICULAR PERFORMED? THAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTICULAR PERFORMED? THAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTICULAR PERFORMED? THAT III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTICULAR PERFORMED? THAT III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTICULAR PERFORMED?
		CERTIFIC	20a. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINED)
		MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a m. P. m. 19 While Nat while at work
		_	21. I certify that I attended the deceased from DET 31, 1946, to 165. 1, 1956, that I last saw the decease
	,		alive an 1000 M, from the causes and an the date stated about ADDRESS (Street, stry or township (ale)
	3		PHYSICIAN'S NAME (Type) W. G. HERPT SON W. TO. Hurlock 167
		270	W. C. HERRISON W. D. Hurlock No.
		23	SUNERAL DIRECTOR'S STIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
4		P	and i / revolugably, C. 11. Maries DATE, 1/2/30 follow many

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	b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, wri	c. LENG	GTH OF STAY IN	11Ь	c. CITY OR T	IOWN (IF ou	tside corpo	rote limits, write R	URAL ond	give ried	rest lown)
	Ca	mbridge	2 W	reeks		Car	mbride	re					
		AL (If not in hospital, give str	eet address}			d STREET A	DDRESS					e IS RES	
		ambridge Mary	land H	lospital		He	mbrool	cs Bl	vd.			YES	FARM?
	NAME OF DECEASED	First		Middle		Losi	-	4. DATE OF	Man	th	Do	y	l'ear
	(Type or print)	Reba		Flemmi	ne	Joh	nson	DEATH	Nov. 22.	1956		1	19
5.	SEX	6. COLOR OR RACE 7. M	ARRIED 🔲 1	NEVER MARRIED	☐ 8.	DATE OF BIRTH	н		9. AGE (In years			IF UNDE	
	Female		OWED 🖵	DIVORCED		March :			last girthday)	Manths	Days	Hours	Min.
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13	FATHER'S NAME					14. MOTHER'S	MAIDEN NA	WE					
		Alexander Flo					llie J	oseph					
		R IN U. S. ARMED FORCES?	16. SOCIAL	SECURITY NO.		FORMANT			Add				
	No	No			Wa]	Lter B.J	fohnson	n,Jr.	, Hambrook	cs Bl	vd.,	Camb	ridge
	18. CAUSE OF DEA	ITH [Enter only one cause p	r line for (a)), (b), ged (c)]	1	17 -						ERVAL BE	
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Z	PART II. QTH	HER SIGNIFICANT CONDITION	CONTRIB	LTING TO DEAT	H BUT N	OT RELATED TO	THE TERMIN	IAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(a) 1	9. WAS A	AUTOPSY
ATK	·Ca	rebral +	hear	Ande	_ =	14.1	Eur	hla	7 11			PERFO YES	NO Z
CERTIFICATION	20g. ACCIDENT WA	AS UNDERLYING 20b.	DESCRIBE HO	OW INJURY OCC	URRED	(Enter nature of	f injury in	ort I or for	t II of item 18.)				
CE	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
CAI	20c. TIME OF INJUR		d. INJURY O			E OF INJURY (20f. (City	or town)	((County)		(State)
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	SIGNATURE /	ule U . I	my	27	M	d Chear	rea f	2-14	<u>a</u>		W	W.S.	56
	PHYSICIAN'S NAME (Type)	lamos U	1	10m	65	an							
22	BURIAL, CREMATIO	N, 226. DATE THEREOF	22c. N	AME OF CEMPT	ERY OR	CREMATORY		SSG TOCK	TION (City, lawn, o	or county)		(State	:)
	Biria 1	Nov. 25.1956	Chi	rist Chu	irch	Cemeter	~	Camb	ridge.Md.				
23	FUNERAL DIRECTOR			Opesse		e.Md.	24a. REC'D			TRAR'S SI	GNATUI	RE	/)
-	Securet	KR. Music	Bet.	Count	TOF	Se pride	DATE ///	24/	6 Jas	in	11/1	(1)	hi
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103FIRE OR ALLENDING PHINCIAN: The low requires find the destriction of executed within 24 hours other destrictions.	ly by the hospital or attending physician.	UNE DIRECTOR: After this certificate has been signed by the ottending physician and completely filler by the funeral director.	ge 3 snould be detached for use as the burial-transit permit. Then please remarke derban papers. Pages 💌 2 should be filed with	registron prior to burial, cremation, or removal, and in any event within 72 hours offer death.
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7	å	발	7	00
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1			MARY	LAND	STATE D	EPARTM	ENT OF H	EALTH	I-BAL	TIMORE,	18	140	بو وشم	
ı				1 1 9	אט כו	ERTIFIC	ATE OF E	DEATH	4			112	15	
ł	1 DIACT OF	00000			13		7					Dist. No.		
ı	1. PLACE OF o. COUNT	DEATH	20 1			MARYLAND	o. STATE	DENCE (Wh	ere decease	d fived. If institu b. COUNT		ence befor	re admiss	iion}
ł	h CITY OF	TOWN (Dorches outside corporate limi	ter	L. LENCYH O	F STAY IN 1b	01774 0 7	Mary				rche		
1	RURAL	nd give ne	arest town)	ts, write	C. LENGIH O	T SIAT IN ID	e. CHY OR	TOWN (IF o	utside corpo	prote limits, write	RURAL on	d give nec	rest low	1]
ŀ	A SIGNE		ridge		35	Vrs.			ridge	e				
			AL (If not in hospital, g				d. STREET A		-	,				FARM?
ł		idge	-Maryland		spital		<u> </u>			treet			YES [NOK
1	3 NAME OF DECEASED	.1_43	Fir	_	-	Middle	los		4. DATE OF DEATH		rnth	Da	*	Year
ŀ	5. SEX	int)	Han		~	oseph	Ma;		DEATH	210	V.	9		1956
ı					HED T NEVER		B. DATE OF BIRT	H		9 AGE (In years lost birthdoy)	Months		Hours	ER 24 HPS Min.
ŀ	Mal		Negro	WIDOWI		IVORCED 🗍	June 8	3, 19	15	41 yrs				
	during m	ost of work	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSI	NESS OR INDU	STRY 11. BIRTHPL	ACE (Stole	ar foreign c	country)	12. C	ITIZEN O	F WHAT	COUNTR
		<u> Ца ро</u>	rer	F		cking	Acco	mac.	Vir	<u>ginia</u>		Ţ	JSA	
ı	13. FATHER'S	NAME					14. MOTHER'S	MAIDEN N	IAME					
ŀ	10 11/10 05/01	TARPO FUE	William	Maj				N	etti					
ı	(Yes, no, or unkn		R IN U. S. ARMED FOR	eLAICE}	SOCIAL SECUR		NFORMANT			Ad	dress			
	No				14-07-		osie Co	rnis	h, Ca	embride	e, M	d		
١			TH [Enter only one co	use per lir	ne for (a), (b), (ond (c).]						INTE	RVAL BE	TWEEN
	"	KRI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Pul	monary	Conges	tion						geriii.
ľ	,	X	DUE TO											
ı			ly, which } (b		Car	diac A	rrest(compl	icat:	ion of	surg	ery,		
1		ise to in), stoting t												
		use lost.	(c											
	ZOG, ACC OR CONI	ART II. OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION G	VEN IN PA	RT 1(0) 1	PERFO	AUTOPSY RMED?
,	3				bscess									NO 🔲
1	20g, ACC	RIBUTING	S UNDERLYING TO	20b. DESC	CRIBE HOW IN	JURY OCCURRE	D. (Enter noture o	f injury in P	ort I or Por	t II of item 18.)				
		R, NOTIFY	MEDICAL EXAMINER											
I		OF INJURY	Month, Day, Yes	or 20d. II While	UURY OCCUR		ACE OF INJURY I	Home, form,	20f. (City	or town)		(County)		(Stote)
	WE WE	p. m.	19	ot worl	k Ot work			oroget are.	1					
ı	21, 1 ce	rtify the	at I attended the	decease	ed fram_A	pril 2	19 56	to No	vembe	er 9195	6 that I	lost so	w the	decents
ı	alive a	Nov	ember 9	. 19			accurred at	3 A.	M from	n the causes	and an	the dat	a state	od ob ou
ı			110		,				ADDRESS (S	treet, city or town	, stote)	THE GUI	D/	ATE SIGNE
ı	ACTUAL	RE C	Julgari	LI	L		MD 227	Pine	St-	Cambrid	ge . N	d	-11-	-10-5
ı														
	PHYSICIA NAME (T)			1888	ett, N.	D.	.=======							
	220. BURIAL, REMOVA	CREMATION (Specify)	N, 226. DATE THEREC	F	22c. NAME C	F CEMETERY O	R CREMATORY		22d. LOCA	TION (City, town,	or county)		(Stote	e)
	Bur	ial_	111/11/1	956	Wang		tery			bridge,	Mar			
	23. FUNERAL I	DIRECTOR'S	1.1.01		ADDRESS				BY REGIST	TRAR 246. REG	ISTRAR'S S	MATUR	E	1/2
L	112 900	27/1	wit (della	12-4	Cam	bridge	, Md.	DATE //	112/3	16 Jan	M	110	a	XV
		,	-							//			-	

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VS A15 (4)

RECTOR:

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Sime : & S. N. C. T. J.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please executed trifficate, writing the word "pending" in genical in Item 18. Give Pages 1, 2, and 3 to the funeral Wirector. Page 4 should be forw. It a the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for you.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registral princip to burial, cremation, VS. A15ME(5)

or remayal.

5M 9/55

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		MARYLAND ST	ate departmen	IT OF HEALTH-	-BALTIMORE,
1	1	28 (MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

Reg. Dist. No. 12421

18

	PLACE OF DEATH				2. USUAL RESIDENC	E (Where deced	sed lived. If Institu	ition: Residen	ce before	admission)
1	o. COUNTY Do	rchester C	0.	MARYLAND	o. STATE	rland	b. COUNT	Dorch	acta	r Co
	L CITY OF TOWN III	oviside corpora e limits, write	BURAS	c. LENGTH OF STAY IN 16			rporete limits, write			
		reek Md		17 Months	Church	Creek 1	Md.		\times	
			If not in hos	pital, give street address)	d. STREET ADDRES	S			e	IS RESIDENCE
		ge Hospita	1		Church	CreekMo	1,		Y	ON A FARM?
3.	NAME OF DECEASED	Fin	st	Middle	Lost	4. DATE	Monti	h	Day	Year
	(Type or print)	James		Me	etcalf	DEATH	Dee-	Nov.	30	1956
5. :	SEX	6. COLOR OR RACE	7. MARRII	ED E NEVER MARRIED 8			9. AGE (In years lost birthday)	IF UNDER 1		UNDER 24 HRS.
	Male	White	WIDOWE	D DIVORCED []	March 28. 1	935	27 yrs.	Months D	Oys H	ours Min.
10c		N (Give kind of work	done 10b. K	IND OF BUSINESS OR INDUST				12. CITIZ	EN OF W	HAT COUNTRY?
	Laborer	Jille, well it telliad;	S	aw Mill	Bell Co.	Kontur	by	11.	C A	
	FATHER'S NAME			TW LIME .	14. MOTHER'S MAIDE		× D-X	<u> </u>	17080	
	Bill Me	+7.5			T3- K-					
	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 117. II	Lula Sa	VIOR	Address			
		[17 yes, give war or dates of :		- J. 17	D427 M. L.	2.0				
=	NO CAME OF DEAT	H [Enter only one cau		ot Knorm	Rill Metca	II.T	Church	Greek		BETWEEN
		H WAS CAUSED BY:								ND DEATH
		IMMEDIATE CAUSE (0)		ntracr Figl	injury				2	ero.
	8/2 X	DUE TO								
	Conditions, if or		4	Iti la frac	tures o	J. 11				
	gove rise to immed (a), stating the u									
	couse lost.	[c]								
Ιz	PART II, OTH			INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TE	RMINALDISEAS	SE CONDITION GIV	EN IN PART	1(0) 19 1	WAS AUTOPSY
CERTIFICATION										PERFORMED?
RTIFE	20a, EXTERNAL CAU	SE WAS		HOW INJURY OCCURRED. (E			l of item 18)			
	CAUSE OF DEATH.			estrian stru						
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea	20d. 1	NJURY OCCURRED 200. PLAC	E OF INJURY (Home,	orm, 20f. (Cit	y or town)	(Coun	rty)	(State)
AED.	Hour a.m.	iov.300	While		ory, street, office bldg ,	aic1	. 23h 3t	7 45 7 7	Jor.	
				emains described aba		l l yagı	nspection 📆,	Inquiry		and find that
	death resulted	fram: Natural	couses [], Accident 🔀 Suid	ide 🗍, Hamic			, ,		
	ACTUAL	4-1-	22	z-z-h	CHIEF MEDICA	L EXAMINER	7		D	ATE SIGNED
	SIGNATURE				_M.D. ASSISTANT ME	_	-			
	EXAMINER'S NAME (Type)	jo ur	46 0	Jr.	DEPUTY MEDIC	_			٦	2/2/36
220		N, 226. DATE THEREO		22c. NAME OF CEMETERY OR			ATION (City, town,	or county)	arte	(State)
١.	REMOVAL (Specify)	77								(
3	Burial funeral director:		1956_	Old Trinity		EC'D BY REGIS	trar 246. REGIS	STRAP'S SIGARTS	Jen Be	1
1		* * * * * * * * * * * * * * * * * * * *					2/1	STAR S SIGI	MA	as the
L	ecompte Fu	neral Serv	ice	Cambridge Md	DATE	1-13/-	10	IN 1	1100	Je.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE ON A FARM? YES NO P

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Hours

INTERVAL BETWEEN ONSET AND DEATH

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PERFORMED? YES NO TO

(Stote)

Days

(County)

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death. Page

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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11283 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11279

II ← € 13 Reg. Dist. No.

1. PLACE OF DEAT	пн		[]	ENCE (Where decease			before admission)
8. COUNT	Dorchester	MARYL	NO O STATE Ma	ryland	b. COUNT	Dorches	ster
b. CITY OR TOV	VN (1f outside corporate limits, write RUI II town)	e. LENGTH OF STAY IN	1b c. CITY OR TO	OWN (If outside corp	orate limits, write	RURAL and give	e negrest lown)
	Cambridge	25 years	Ca	mbridge			`
d. NAME OF HO	OSPITAL OR INSTITUTION (IF no	it in hospital, give street address)	d. STREET ADD	DRESS			e, IS RES DENCE ON A FARM?
	13 Muir Stree	t	13	Muir Stre	eat		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Mont	1	oy Year
(Type or print)	Sarah	Dean	Smith		Nov /10 /	1956 4	19 56
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	Y	PLAGE (In yourse)	IF UNDER TYE	7
Female	1122400	DIVORCED T	Mar.15,1	880	760	Months Days	Hours Min.
floo. USUAL OCCU during most of w	PATION (Give kind of work done rorking life, even if retired) Sewife	106. KIND OF BUSINESS OR IN		E (State or fareign co		12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAM			14. MOTHER'S MA	sland, Dor.	.00.	1	U.S.
					3.2.		
15. WAS DECEASE	John W. Doan D EYER IN U. S. ARMED FORCES	57 16. SOCIAL SECURITY NO.	7. INFORMANT	y Jane Mee	Address		
(Yes, no, or unknown)	(If yes, give war or dates of service	20]				262	
No_	No	None	Solomon De	an, Taylors	s Island,		
	DEATH (Enter only one cause p	er line for (a), (b), and (c).				0 11	TERVAL BETWEEN
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Corollar, o	cclusion_				?
1	. / DUE TO						
Conditions,	if any, which)						
gave rise to i	mmediate cause						
(a), stating (are underlying						
	OTHER SIGNLEICANT CONDITIE	ONS CONTR BUTING TO DEATH I	HIT NOT BELATED TO TH	F TERMINIAL DISFACE	CONDITION G V	ENLINE BART II.	NIO WAS AUTORSY
	O HIER STOTH TO THE	ONS CONTRO TO DEATH	OT NOT KEDARED TO TH	IL TERMINANE DISEASE	COMDII ON O	LIA HA LYKI IÍO	PERFORMED?
5							YES NO X
~	CAUSE WAS CONTRIBUTING (1) ATH.	ESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury	y in Parl I or Port II o	of item 18)		
20c TIME OF How	INJURY Month, Day, Year	20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Hor factory, street, affice ble	ne, form, 20f. (City	or town)	(County)	(State)
¥ P	. m. 19	at work at work					
21. I certif	y that I took charge of	the remains described	above, held on A	utopsy 🔲, In	spection X.	Inquiry [, and find that
death resu	Ited from: Notural cou	ises 📉, Accident 🔲,	Suicide [], Hor	nicide 🔲, Un	determined o	ause 🔲.	
	0		0				DATE SIGNED
SIGNATURE_	Julia	- marce	M.D. CHIEF MED	ICAL EXAMINER			DATE SIGNED
EXAMINER'S	1		. ASSISTANT	MEDICAL EXAMINER		7 7	11/14/
NAME (Type)	John 1 03	In.	DEPUTY ME	DICAL EXAMINER	K	Υ,	1/3/76
22a. BURIAL, CREM	ATION, 226. DATE THEREOF	22c. NAME OF CEMETER	OR CREMATORY	22d, ŁOCATI	ION (City, lown, o	or county)	(Stote)
BUTIEL	Nov.7,195	6 Greenlawn C	emetery	Cambr	idge, Md		
23. FUNERAL DIREC	TOR'S SIGNATURE	ADDRESS	24	a. REC'D BY REGISTR	AR 24b/REGIS	TRAR'S SIGNAT	TURE
Acu	with X. Th	TILA !! Cambrid	ge, Md. o	ATE /1/5/5	6 Has	hm. M.	no the
				- 470	40-7	-/	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 9/55 di.

11281

			-1	CERT	FIC	ATE OF I	DEATH	4		Reg. D	ist. No		
	PLACE OF DEATH	4	<i>d</i> .	M	1485	o STATE	idence (wh	_	d lived. If instituti b. COUNTY	an Reside			ion)
	b. CITY OR TOWN (IF RURAL and give ne	outside corporate limi	is, write	c. LENGTH OF STAY	IN 1b		-		erate limits, write R			-)
<u> </u>	rural Can			3 month	5	Chest						1 1 2 2	
E.	or institution					d. STREET	ADDRESS						PARM?
$\overline{}$	NAME OF	Fi		Middle		Lo		4. DATE	Mon	ah.			(ear
	DECEASED (Type or print)	DORSEY		B	JRKE	THOMP		OF DEATH	Nov.	23	Do		1956
5.	SEX	6. COLOR OR RACE	7. MARR	IED 🔀 NEVER MARRI	ED 🔲	8. DATE OF BIRT	TH		9. AGE (In years lost birthday)			IF UNDE	
	male	white	WIDOWE	DIVORCE	D 🗆	3/30/7	77		79 yrs.	Manths	Doys	Hours	Min
100	during most of work	N (Give kind of work ing life, even if retired	dane 10b	KIND OF BUSINESS C	R INDU			ar fareign c	ountry)	12. C			COUNTRY
	FATHER'S NAME						known				U.	<u>S.</u>	
13.						14. MOTHER'S	5 MAIDEN N	IAME					
-	Alexander		erea l		lan.		nown						
	WAS DECEASED EVER	(IN U.S. ARMED FOR If yes, give war or dates of a		SOCIAL SECURITY NO		NFORMANT			Add				
1	ınknown			none		stern Sh	ore S	tate F	lospital	recor	cds_		
		TH [Enter only one co	iuse par lir	ne for (a), (b), and (c).]							ERVAL BE	
	PART J. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	1C	ancer of th	ne r	ectum					OIN	361 7140	PENIN
	2	DUE TO											
	Canditions, if an	y, which \ a	, a	eneral arte	anio	colemani	61						
	gave rise to in	nmediate (DUE TO			31 10	(9) 10 10 10 10 10 10 10 10 10 10 10 10 10	(3						
	lying cause lost.	he under-	4										
NOL		ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o)	PERFO	AUTOPSY RMED?
2		with cere										YES 🔲	NO 🕞
CERTIFICATION	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRISE HOW INJURY O	CCURRE	D. (Enter nature o	of injury in 6	Part I ar Par	t II of item 18)				•
13	20c. TIME OF INJURY	Month, Day, Ye	or 20d. It	NJURY OCCURRED	20e. PL	ACE OF INJURY	(Home, farm	, 20f. (City	ar tawn)		(County)		(Stote)
MEDICAL	Havr a. ji. p. m.	19	While at war!	Nat while	fa	clary, street, affic	e bldg., etc.)	,		(,		()
	21. I certify the	at I attended the	decease	ed from Dec	15	182	_, to_ N	22 22	. 1956	that	last s	aw the	decease
	alive on Nov.	23	. 19 5	66 and that	death	occurred at	8:15:	a. M. fron	n the causes o	nd on	the do	te state	d above
									treet, city or town,		iiic dd		TE SIGNE
	ACTUAL SIGNATURE		ナ	Doods	1 0	ESS			Cambri de			17/22	1/56
	SIGNATURE			77 000)	M.D. <u>119-129-12</u>	ילפודוריי	+363 +A	ominitade	6 . MC	t	44/6	2/29
L	NAME (Type)	homas J. I	redge										
220	REMOVAL (Specify)	1/26 DATE THEREO	5-6	22c. NAME OF CEM	ETERY O	R CREMATORY	ma.	22d. LOCA	FION (City, town, o	or county)	17-	(51010	2)
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	, .	. 00	240. REC'I	BY REGIST	RAR 245/REGIS	STRAR'S SI	GNATU	RE	1
L	Calgar	y Far	re	Ehurs	1 28	all	DATE //	126/2	56 Ver	En.	MR	a.	W.

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VS A15 (4) 15M 9/55

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11282

11298 CERTIFICATE OF DEATH

	2.3.	AUJ CERT	IFICA	TE OF DEATE	T		Reg. Dist.	No.	
PLACE OF DEATH O. COUNTY				2 USUAL RESIDENCE (WI	ere decease	d lived. If institution	Residence	before ad	lmission)
Dorcheste	r	MAR	YLAND	o. STATE Marvla	and	b. COUNTY	Wicon	nico	
b. CITY OR TOWN (If outside corpo RURAL and give negrest fown)	prote limits, write			c. CITY OR TOWN (If o	utside corpo	rate limits, write RU		10000	town)
Cambridge		l yr. 8 m	- 11	Salish	1257077			,	
d. NAME OF HOSPITAL (If not in he OR INSTITUTION		oddress) O day	5	d STREET ADDRESS	7343.3			e 15	RESIDENCE
Eastern	Shore St	ate Hospita	al	315 E	Will	iam St.			N A FARM?
3. NAME OF DECEASED	First	Middle	e	Last	4. DATE	Month		Day	Year
	Florence		rris	Truitt	DEATH	November	er	28	1956
5. SEX 6. COLOR O	R RACE 7. MAI	RRIED NEVER MARK	IED 🗍 8	DATE OF BIRTH					INDER 24 HRS
Female Whi		VED K	*******	February 6.	1862	9)1 yrs.	Months D	ays Ho	urs Min.
10a USUAL OCCUPATION (Give kind during most of working life, even	of work done 10t	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign c	ountry)	12 CITIZ	EN OF WI	HAT COUNTRY?
Housewife		_		Maryland	1		11	S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME	-4-			
Leonard Morris				Sally Ar	in Ric	hardsón			A PROPERTY OF
15 WAS DECEASED EVER IN U. S AR	MED FORCES? 16	S. SOCIAL SECURITY NO	0. 17, IN	S. Dollie Puri	-27/2	Addres	4 5 412	13.4	04 0 3
Yes, no. or unknown) (If yes, give wor o	en en	-	R	ECORDS: East	ern S	hore State	io wi. B Hosp	ital	istury!
18. CAUSE OF DEATH [Enter on	y one couse per	line for (a), (b), and (c)).]						L BETWEEN
PART I. DEATH WAS CAUS	ED SY: C	hronic Myo	cardi	tis					vears
1= 4.1	DUE TO							OCY.	VCAL D
Conditions, if any, which)	(b) G	eneralized	Arte	riosclerosis				17	Ħ
gove rise to immediate	DUE TO								
tying couse lost.		enility						22	99
PART II. OTHER SIGNIFICA			ATH BUT	NOT RELATED TO THE TERM!	NAL DISEAS	E CONDITION GIVE	V IN PART 1	(a) 19. W	AS AUTOPSY
ĮK į		sychosis						PE	REORMED?
PART II. OTHER SIGNIFICA 200 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING ID CAUSE OF UT (IF EITHER, NOTIFY MEDICAL EXA			OCCURRED	. (Enler nature of injury in F	art I or Par	t II of item 18.)		1123	EJ INO IN
	MINER)								
20c. TIME OF INJURY Month, D	Pay, Year 20d. While	INJURY OCCURRED Not white	20e. PLA fact	CE OF INJURY (Home, form ory, street, office bldg., etc.	20f. (City	or lawn)	(Co	unty)	(Stote)
p. m.		ork of work			1				
21. I certify that I attend	ed the decea	sed from Marc	h 22	, 1955_, taN	lov. 2	81956	that I io	st saw t	he deceased
alive on Nov . 28				occurred at 4:30					
	al - c					reet, city or lown, st			DATE SIGNED
SIGNATURE SIMUM	vonce	is-	N	(.D					
PHYSICIAN'S NAME (Type) Simon	/irkutis	}	Tr.	astern Shore	Ctata	Hamaital	Uamb		. 163
				1				Linge	e, Md.
220 EGRIAL CREMATION, 236. DATE	31.195 L	THE OF CEN	AETERY OR	EREMATORY	22d. tOCA	HON (City, town, or	County)	(5	State)
23. FUNERAL DIRECTOR'S PIGNATURE	7	ADDRESS	- / ()	240. REC'I	BY REGIST	RAR 24b2/REGISTI	RAR'S SIGN	ATURE	1
1 mil Orelon	myt Go.	Saledon	7 -	BATE //	29/5	6 John	·m	ace	i ku
FIGHLOWAY & COMPAN	CISTATI ISI	UPSO CONTRACTOR OF THE PARTY OF	(I)						V

BUREAU V. E.

DEC 2 TOTAL

% 1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIM	ORE, 18
		11285 CERTIFICATE OF DEATH	Reg. Dist. No. 776
Poge directoriled wit	7	DEACE OF DEATH G. COUNTY ACCOUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived o STATE MARYLAND	If institution Residence before admission) b. COUNTY (QUALITY)
death:	,	b. CITY OR TOWN (II outside corporate limits, write RUBAL and give nobrest love) The months The mont	mils, write RURAL and give nearest town)
the the		d. NAME OF HOSPITAL (If not in hospital, give street oddress) ON 1985 PITUTION LINE COMPELES COMPELES ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
24 hou	3.	NAME OF DECEASED (Type or print) Name OF DECEASED (Type or print) Niddle Just 4. DATE OF DEATH	Month Day Year 20 1957
d within	5.	Male White WIDOWED DIVORCED WARRIED DIVORCED WARRIED OF BIRTH	E In years IF UNDER 1 YEAR IF UNDER 24 AKS Months Days Hours Min.
nd comp on paper	77	Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIANT BIRTHPLACE (Stole or foreign couplry) during group of working Hiz, every if retired) Bandal Occup attitude Ambilituse Tr	12. CITIZEN OF WHAT COUNTRY
ote be icion ar e carbo	13	3. FATHER'S NAME / 14. MOTHER'S MAIDEN NAME / PARTIES OF THE STATE OF	mell
certific ng phys r remov 72 hour	15	5. WAS DECEASED EVER IN D. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMANT 19. NO OF LINKNOWN) LILY ALL OPERATORS OF LINKNOWN DECELLATION OF LINKNOWN DECELLATION DESCRIPTION DE LA CONTROLLE DE L'AUTRE DE	Address Hill mol
ottendii n please		PART 1. DEATH WAS CAUSED BY: [MMEDIATE CAUSE to] Cerebral Hemoreure	INTERVAL BETWEEN ONSET AND DEATH
eigned by the signed by the permit. The d in any event		Conditions, if any, which gave rise to immediate cause course last to put to	s 1yr.
physician physician ids been ids fronsi ids fronsi noval, an	CERTIFICATION		DITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
JAN: Ti rending ficate h the bur or ren			item 18.)
PHYSIC ol or all his cert use as emation	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. {City or tow factory, street, office bldg., etc.} While Not while at work of work	vn) [County] (Stole)
ATTENDING By the hospite CTOR: After to detached for to buried, crr		21. I certify that I attended the deceased from 1/19/16 19, to 1/20/50 alive on 19/12. 12, and that death occurred at 1/PM, from the ADDRESS (Street, of SIGNATURE) Course Maryani M.D. 13 6 R.R.C. C.	causes and an the date stated above DATE SIGNED
TAL OR THE PROPERTY OF THE PRINCIPLE		PHYSICIAN'S Lawrence Maryanov Cambridge	e Md.
moy be Constituted to the registrar	22	20. WALL CREMATION 726 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. WOLTON (1) REMOVAL ISPORTS WILL SPORTS WILL	City, (6wn, or county) (Stote)
VS A15 (4) 15M 9/55	23	ADDRESS DATE / 24g. REC'D BY REGISTRAR ADDRESS DATE // 22-56	24b. REGISTRAR'S SIGNATURE Dr. John Mace. In.
	-		0 %

VS ATS (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11286 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH C COUNTY Dorchester MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Dorchester						
b. CITY OR TOWN (If authode corporate limits, write RURAL and give regres) town) 2 days				c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hurlock							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cambridge—Maryland Hospital					d. STREET ADDRESS						
	••	Middle Alice		Tuckett	4. DATE OF DEATH	Beth	_	Day 3	Yeor 1956		
6. COLOR OR RACE			_		1880	9 AGE (In years lost birthday) 76 yrs	Months		UNDER 24 HRS ours Min.		
ION (Give kind of work in the control of the contro	dane 10b	KIND OF BUSINESS OR I	NDUST	Dorcheste	r Co.						
					AME						
	ervice)				11			W 1	3		
	110		I/I	rs. Everett 1	nomas	, vambri	age,	MaryL	and		
ATH WAS CAUSED BY:		ne for (o), (b), and (c).]	~		· care			ONSET	AND DEATH		
			0								
any, which)	1										
immediate (
)										
THER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH	BUT	NOT RELATED TO THE TERMIN	NAL DISEASI	CONDITION GIV	EN IN PA		VAS AUTOPSY ERFORMED?		
chr	nuc	nephri	tio						S NO		
AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DES	CRISE HOW INJURY OCC	URRED	(Enter nature of injury in Pr	ort I or Part	(t of item 18)					
IRY Month, Day, Ye	While	Not while	e. PLA: fact	CE OF INJURY (Home, farm, ory, street, office bldg., elc.)	20f. (City	or tawn)	((Caunty)	(State)		
	deceas	ed fram O	3	1, 1956, to	non	3 1950	that I	last saw	the decease		
		ed fram. O A		, , g Ca		3 , 19 5 (
		7		accurred at 4 = A.	_M, fran		and on t				
		7		accurred at 4 = A.	_M, fran	the causes o	and on t		stated above		
	12.	mengen		accurred at 4 = A.	M, fran DORESS (SI	the causes of teel, city or town.	and on t		stated above		
that I attended the	19 19 19 19 19 19 19 19 19 19 19 19 19 1	mengen	eath	100 4806 D	M, france (S)	the causes of teel, city or town.	and on stole)		stated above		
	Cambridge Cambridge Cambridge Sall 6. COLOR OR RACE White CON (Give kind of work or thing life, even if relired fork CATLES Marix ER IN U. S. ARMED FOR (If yes, give wor or dofte of some content of the conten	First Salie 6. COLOR OR RACE AND Selection 6. COLOR OR RACE 6. COLOR OR RACE 7. MARR WIDOW 100 (Give kind of work dane) 100 ring life, even if relired) 101 ring life, even if relired) 102 ATH [Enter only ane cause per life ATH (Enter only ane cause per	TAL (If not in hospitol, give street address) Cambridge Maryland Hospit Firm Middle Sallie Alice 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED [If Not the moderate of work done of the moderate of service] White WIDOWED DIVORCED [If yes, even if relired] FORK Home RER IN U. S. ARMED FORCES? I.6. SOCIAL SECURITY NO [If yes, give wor or dotte of service] ATH [Enter only one cause per line for (o), (b), and (c).] ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO CHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WAS UNDERLYING [I] CAUSE OF DEATH WEDICAL EXAMINER] RY Month, Day, Year 20d. INJURY OCCURED While Not while	TAL (If not in haspital, give street address) Cambridge—Maryland Hospital First Middle Sallie Alice 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 White WIDOWED DIVORCED 8 ON (Give kind of work dane) 10b KIND OF BUSINESS OR INDUSTRING [if, even if relired) FOR Marine ER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 IN [If yes, give wor or dates of termoe) 220—09—8829 M ATH [Enter only one cause per line for (o), (b), and (c).] ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO SINY, which immediate 10b TO GI CAUSE OF DEATH AS UNDERLYING Color (c) CAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED While Not while 10b Food	Cour or rown (if or regist fown) Course Co	Cambridge Registration Registrat	Cambridge Maryland Hospital First Middle Alice Tuckett Death Novem Sallie Alice Tuckett Death Novem 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH White WIDOWED DIVORCED February 18, 1880 76 yr FON (Give kind of work dane) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole ar foreign country) Fork Parles Marine ER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Add (C.) ATH WAS CAUSED BY: IMMEDIATE COUNTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE In the under the surplus of Country in Port L or Port It of item 18 1 March 19 Mary 19 Month, Day, Year 20d. INJURY OCCURRED While Not wh	Color or race The part Color of stay in the series town Cambridge Ca	Combridge Comb		

Z V UASTUB

Mar.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



INTERVAL BETWEEN

a. IS RESIDENCE

Hours

Day

19

ON A FARM?

YES FINO F

Yeor

19 56

Min

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20d. INJURY OCCURRED Day, Year

20e. PLACE OF INJURY (Home, form, 20f (City or town) factory, street, office bldg., etc.)

(County)

192 6 that I last saw the deceased

fram the causes and an the date stated above.

o. n. p. m. 21. I certify that I attended the deceased from

20c. TIME OF INJURY Month.

While Not while of work et work

(State)

PERFORMED? YES [7]

NO [

and that death accurred at ACTUAL SIGNATURE

220. BURIAL, CREMATION, 225. DATE THEREOF REMOVAL (Specify)

Compte Funeral Service

22c. NAME OF CEMETERY OR CREMATORY

Cambridge Md.

22d LOCATION (City, town, or county)

(Stole)

23. FUNERAL DIRECTOR'S SIGNATURE

NAME (Type)

Ruri al

MEDI

Dorchester Mem Park **ADDRESS**

1056

Cambridge Md 24a, REC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE

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CA

page

2

YS A15 (4)

death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 OMEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. P PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) e. COUNTY D. STATE b. COUNTY MARYLAND Dark, A Fres buriel, b. CITY OR TOWN III outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) " me the " 170 MIP LOOK Ö d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 00 YES NO X NAME OF First Middle 4. DATE Lost Month Day Year OF DEATH (Type or print) holemi 19 1 61 17877 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9, AGE (In yours FUNDER TYEAR IF UNDER 24 HRS. last birthday) Months. Days Min. Hours WIDOWED [DIVORCED [yrı. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Probinto y 2 4 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give war or dates of service) File Give 8. Gi mit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DINSET AND DEATH PART I. DEATH WAS CAUSED BY: Per Form Occlusion Correnany IMMEDIATE CAUSE (a) -transit **DUE TO** with Conditions, if ony, which gave rise ta immediate cause burial DUE TO (a), stating the underlying couse lost. 0 Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 50 PEREORMED? NOF 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) While Nat while al work al work p. m. 21. I certify that I taak charge of the remains described above, held an Autopsy X Inspection Inquiry to the Chief I death resulted fram: Natural causes 179 Accident Suicide Homicide Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER FUNERAL EXAMINER" NAME (Type) DEPUTY MEDICAL EXAMINER T 220. BURIAL CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S GNATURE -ADDRESS 240. REC'D BY/REGISTRAR 246 REGISTRAR'S SIGNATURE VS. A15ME(S) 5M 9/55

BUREAU V. K.

9561 88 VON

BECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11290

CERTIFICATE OF DEATH

								MAR' MIR		
1. PLACE OF DEATH o. COUNTY Dorche	ester		Md. MARYL	- 11	o. STATE Maryla	nd	l lived. If instituti b. COUNTY			e odmission) nester
b. CITY OR TOWN (RURAL and give n	(If outside carporate limi	ts, write	c. LENGTH OF STAY IN	1 16	c. CITY OR TOWN (If o			_	ive near	est fown)
Cambrio	dge Md. He	ge	1		XXXXXXXX	(ZXX)	Cambrid	ge	10	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS				10	ON A FARM?
	dge Md Ho				17 Well	St				YES NO
3. NAME OF DECEASED (Type or print)	Albert	11	Middle G •		Young	4. DATE OF DEATH	Mon 11	th	Day 6	Yeor 56
5. SEX	6. COLOR OR RACE	7. MARS	HED NEVER MARRIED	B. 1	DATE OF BIRTH		9. AGE (In years		YEAR	IF UNDER 24 HRS.
Male	Negro	WIDOWI	DIVORCED		June 3,190)2	lost birthday)	Months	Days	Hours Min.
10a. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (State	ar fareign ca	iuntry)	12. CITI	ZEN OF	WHAT COUNTRY
Laborer	ring life, even it retired		None		Maryla	and		J	JSA	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME			-	<u> </u>
Robe	rt Young				Maude	Roll	ley			
IS. WAS DECEASED EVI	ER IN U. S. ARMED FOR (H yes, give wor or dotes of the 220-10-	HALLER!	SOCIAL SECURITY NO.	17. INFO	rs. Martha	a You	Add	ress		
Canditions, if a gove rise to it couse (a), stating lying cause last.	mmediate DUE TO	Ar			mpensation		9			
5 260 X	HER SIGNIFICANT CON	D1	abetes Me	llit				EN IN PART		. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	G	angrene o		Enter nature of injury in F	Part I ar Part	11 of item 1B.)			
Hour o. jr. p. m.	RY Month, Day, Yei	While at war	k at work	factor	OF INJURY (Home, farm, y, street, affice bldg., etc.)			ounlyj	(Stole)
ACTUAL SIGNATURE	A.Zoli	125		leath a	211955, to No accurred ot 227 Pine	_M, from	the Causes o	ind an the	e date	
Bur 121	11/10/		22c. NAME OF CEMEN		REMATORY		bridge,			(Stote)
23. FUNERAL DIRECTOR	'S SIGNATURE	m	1 appress	111	240. REC'E DATE 1.0	BY REGISTS	RAR 246. REGIS	STRAR'S SIGN	NATURE	ab.

VEC 15 1820